# **Application Data Sheet**

## **Application Information**

Secrecy Order in Parent Appl.?::

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Patterned Media Having Offset Tracks
Attorney Docket Number::	04495.84704
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	5
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers	

NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Kurt

Middle Name:: Alan

Family Name:: Rubin

Name Suffix::

City of Residence:: Santa Clara

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 2377 Susan Drive

City of mailing address:: Santa Clara

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95050

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Bruce
Middle Name:: David

Family Name:: Terris

Name Suffix::

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 1241 Nelis Court

City of mailing address:: Sunnyvale

State or Province of mailing address:: CA

Country of mailing address:: Postal or Zip Code of mailing address::	US 94087
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	

## **Correspondence Information**

Postal or Zip Code of mailing address::

Country of mailing address::

Correspondence Customer Number:: 22907

## Representative Information

Representative Customer Number:: 22907

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::	

### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

#### **Assignee Information**

Assignee name::

**International Busines Machines Corporation** 

Street of mailing address::

City of mailing address::

Armonk

State or Province of mailing address::

New York

Country of mailing address::

US

Postal or Zip Code of mailing address::

10504